

2004 FORM MO-PTS

Attachment Sequence No. 1040-07 and 1040P-01
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	THIS FORM MUST BE ATTACHED TO FORM MO-1040 OR FORM MO-1040P.								
NAME	LAST NAME FIRST NAME	INITIAL	BIRTHDATE	SO	CIAL SECURITY NO.				
Ž	SPOUSE'S LAST NAME FIRST NAME	INITIAL	BIRTHDATE	SPO	DUSE'S SOCIAL SECURITY	NO.			
NS	You must check a qualification to be eligible for a credit included with claim.	. Check only one. (Copies of letters, for	ms, e	etc., must be				
QUALIFICATIONS	A. 65 years of age or older (Attach a copy of Form SSA-1099.) B. 100% Disabled Veteran (Attach a copy of the letter from Department of Veterans Affairs.) C. 100% Disabled (Attach a copy of the letter from Social Security Administration or Form SSA-1099.) D. 60 years of age or older and received surviving spouse benefits (Attach a copy of Form SSA-1099.)								
FII	FILING STATUS Single Married — Filing Combined	If n	If married filing combined, you must report both incomes.						
F	Failure to provide proper supporting documentation (rent or delay of your claim. Items listed below in color MUS								
1	Enter the amount of income from Form MO-1040, Line 6, OR Form	MO-1040P, Line 4		1		00			
2	Enter the amount of nontaxable social security benefits received by before any deductions and/or the amount of social security equivale Attach Form SSA-1099 and/or RRB-1099	nt railroad retirement be	hildren nefits.	2		00			
3	 Enter the total amount of pensions, annuities, dividends, rental inco Include tax exempt interest from Form MO-A, Part 1, Line 5 (if filing Forms W-2(s), 1099(s), 1099-R(s), 1099-DIV, 1099-INT, 1099-MISC 	3		00					
4	 Enter the amount of railroad retirement benefits (not included in Line Attach Form RRB/1099-R (Tier II). If filing Form MO-1040, refer to 	4		00					
5	5. Enter the amount of veteran's payments or benefits before any deduct Attach letter from Veterans Affairs.	ions.		5		00			
6	 Enter the total amount received by you and/or your minor children for Temporary Assistance payments (TA and/or TANF). Attach a copsocial Security Administration and/or Social Services that included and Employment Security 1099, if applicable. 	by of Form SSA-1099(s) des the total amount of	, a letter from the assistance received	6		00			
7	7. Enter the amount of nonbusiness loss(es). You must include nonbu (as a positive amount) here. (Include capital loss from Federal Fe			7		00			
8	8. TOTAL household income — Add Lines 1 through 7. Enter total here.	•		8		00			
9	9. Enter \$2,000 if you are married and filing a combined claim with you Otherwise, enter "0".	r spouse.		9	_	00			
10	Net household income — Subtract Line 9 from Line 8. If the total is no credit is allowed. Do not file this claim.	s over \$25,000,				00			
11	If you owned your home, enter the total amount of real estate tax the assessments. Attach a copy of PAID real estate tax receipt(s). I more than five acres or you own a mobile home, attach Form 9.	at you paid for your hom	e less special	11		00			
12	 If you rented your home, enter the amount from Form MO-CRP(s), Line more than Line 8, attach rent payment explanation.) Attach rent for the entire year; a statement from your landlord, or copies of cancelled checks (front and back) along with Form MO-CRP. 			12b		00			
13	3. Total tax and/or rent — Add Lines 11 and 12b and enter the total or	\$750, whichever is less.	<u></u>	13		00			
14	 Apply Lines 10 and 13 to the chart on pages 29 and 30 to figure you You must use the chart to see how much credit you are allowed. Enter this amount on Form MO-1040, Line 37 OR Form MO-1040P, 	ur Property Tax Credit.		14		00			
	THIS FORM MUST BE ATTACHED	TO FORM MO-104	O OR FORM MO-10)40P)_				



MISSOURI DEPARTMENT OF REVENUE **CERTIFICATION OF RENT PAID FOR 2004**

2004 **FORM MO-CRP**

• Read instructions. • Print or type.

Failure to provide landlord information will result in denial or delay of your claim.

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1.	SOCIAL SECURITY NUMB	BER	SPOUSE'S SOCIA	L SECURITY NUMI	BER		OU RELATED TO YOUR LA , EXPLAIN.	NDLORE	D? YES NO	
2. NAME			3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN							
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)			LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)							
CITY, STATE, AND ZIP CODE			4. LANDLORD'S PHONE NUMBER ()							
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	_	YEAR 2004	TO:	MONTH	DA	AY	YEAR 2004
6.	Enter your gross rent landlord, or copies	paid. Attach rent receip	pt(s) for each ren ont and back). If	nt payment or the receiving assis	e entire year, stance, enter th	a statem ne amoui	ent from your nt of rent YOU paid.	6		00
 7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. 										
	Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%)							7		%
8.		tiply Line 6 by the percer IE 12a OR FORM MO-P						8		00

MO 860-1089 (11-2004)

For Privacy Notice, see the instructions.

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2004					tions. • Print or type. de landlord information will or delay of your claim.		
SOCIAL SECURITY NUMBER	ER ARE YOU RELATED TO YOUR LANDLORD? YES NO IF YES, EXPLAIN.						
2. NAME	3. LANDLORD'S NAME, SOCIAL SECURITY NO., OR FEIN						
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)	LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)						
CITY, STATE, AND ZIP CODE	4. LANDLORD'S	PHONE N	IUMBER				
5. RENTAL PERIOD FROM: MONTH DURING YEAR		YEAR 2004	TO:	MONTH	D.	AY	YEAR 2004
6. Enter your gross rent paid. Attach rent recei landlord, or copies of cancelled checks (fr	6		00				
7. Check the appropriate box and enter the corresponding percentage on Line 7.							
A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%							
B. MOBILE HOME LOT — 100%							
☐ C. BOARDING HOME / RESIDENTIAL CARE — 50%							
D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%							
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FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a.							ററ